PTO/SB/05 (08-03)
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			Attom	Attorney Docket No.		M4065.0974/P974				
UTILITY [			First I	nventor	Lin P.	Ang		۹,		
PATENT APPLICATION TRANSMITTAL				MULTIPLEX	ED PIX	IXEL COLUMN ARCHITECTURE				
(Only for new nonprovisional applications under 37 CFR 1.53(b))				Express Mail Label No.				8		
See MPEP chap		CATION ELEMENTS oncerning utility patent application	contents.	MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
		Form (e.g., PTO/SB/17) and a duplicate for fee processing)		7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)						
Applica		small entity status.	Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all necessary)							
3. X Specific		[Total Pages	a. Computer Readable Form (CRF)							
Desks - Cros - Cros - State - Reference - State - Reference - Brief - Deteks - Clair - Abst - Coath or Decks - Coath or Decks - Coath	criptive title set Reference to Set Refe	•	5 1 2 1	b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. X Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement Power of (when there is an assignee)  11. English Translation Document (if applicable)  12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations  13. Preliminary Amendment  14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
		Sheet. See 37 CFR 1.76		h, the requisite inform	notice bet		the first coolean of the	4		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) of prior application No.:  Prior application information: Examiner Art Unit:  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.										
		19. Co	DRRESPO	ONDENCE ADDRE	ESS			4		
X Custom	er Numbe	er: 2499	8	OR		Correspo	ondence address below			
Name DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico										
Address	Address 2101 L Street NW									
City Washington State		State	DC		Zip Code 20037-1526					
			elephone	(202) 785-970	(202) 785-9700 Fax (202) 887-			ַ		
Name (Print/Type) Thomas J. D'Amigo Registration No. (Attorney/Agent) 28,371										
Signature		Ja	Joseph			Date	September 23, 2003			



FEE	Complete if Known									
	'	Application Number Not Yet Assigned				ssigned				
ļ	Filing Date			1	September 23, 2003					
Effective o		First f	First Named Inventor			Lin P. An	g			
Effective 0	Examiner Name			Not Yet Assigned						
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Number	04-1075	Code		Code			Fee Desc	ription	Fee Paid	
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Account Name	Oshinsky LLP	4050	50	2050	2 25		_	onal filing fee or cover	$\vdash \neg \vdash$	
The Director is as	uthorized to: (check all that apply)	1052	50	2052	2 23	sheet.				
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Charge any a application	additional fee(s) during the pendency of this	1812	2,520	1812	2,520	For filing a re	a request for ex parte reexamination			
	Nindiantal balance are a fine at a first	1804	920*	1804	920*		ng publication of SIR prior to			
	) indicated below, except for the filling fee tified deposit account.	1005	4 9 40*	4005	5 1,840°	Examiner a Requesting	action ng publication of SIR after			
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· '	*Red	1615 Claims - extra total (over 20)						1,324.00		
**or number prev	SUBTOTAL (2) (\$) 1,284.00 iously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1,324.00							
SUBMITTED BY (Complete (if applicable))										
Name (Print/Type)	Thomas J. D'Amico		ration No		8,371		Telephone	(202) 828-2232	<del></del>	
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Signature	1 tt	<del>~</del>					Date	September 23,	2003	

I AGREE THAT, WHEN REQUESTED, I SHALL, WITHOUT CHARGE TO MICRON TECHNOLOGY, INC. BUT AT ITS EXPENSE, SIGN ALL PAPERS, AND DO ALL ACTS WHICH MAY BE NECESSARY, DESIRABLE OR CONVENIENT IN CONNECTION WITH SAID APPLICATIONS, PATENTS, OR OTHER FORMS OF PROTECTION.

UNITED STATES OF AMERICA STATE California SS:

COUNTY Los Angeles

ON DAY SUPEMBLY, 2003, BEFORE ME PERSONALLY LIN PING ANG, TO ME KNOWN TO BE THE DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND OF THE SAME.

